AIR NATIONAL GUARD TELECOMMUTING SUPERVISOR AND TELECOMMUTER CHECKLIST

DATE COMPLETED (YYYYMMDD)

FOR USE OF THIS FORM SEE ANGI 36-5. PROPONENT IS ANG/CIO

The following checklist is to ensure proper orientation of your teleco	mmuter with the policies and procedures of the telecommuting program.
Questions 4, 5, and 6 may not be applicable to your telecommuter.	If this is the case, simply state non-applicable or N/A.

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NAME OF TELECOMMUTER	NAI	NAME OF SUPERVISOR		
Telecommuter has read and underst	rands ANGI 36-XXXX and all lo	ocal polic	ies conc	cerning telecommuting.
2. Telecommuter received a copy of aq	greement.			
3. Telecommuter is/is not issued gover	rnment equipment.			
4. Document any equipment issued by equipment and software must be account				n X after each applicable item. All Government
	CHECK AS APPLICABLE	YES	NO	
	a. Computer			
	b. Modem			
	c. Fax Machine			
	d. Telephone			
	e. Other (State)			
	, ,			
5. Policies and procedures for care of eunderstood.	equipment issued by the super	visor/app	roval au	Ithority have been explained and are clearly
6. Policies and procedures covering cla	assified, secure, or privacy act	data hav	'e been (discussed, and are clearly understood.
7. Requirements for a safe office space	e and/or area have been discu	ssed, and	I the tele	ecommuter certifies those requirements are met.
8. Performance expectations have bee	n discussed and are clearly un	derstood		
Telecommuter understands that the with supervisor/approval authority and a supervisor			ninate m	nember participation at any time, in accordance
REMARKS	·			
TELECOMMUTER SIGNATURE				DATE (YYYYMMDD)
SUPERVISOR SIGNATURE				DATE (YYYYMMDD)